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May 24, 2004

TO : U.S. PATENT & TRADEMARK OFFICE

ATTN: Examiner - Robert E. Rhode, Jr.

FAX NO.: 703-872-9306

TELEPHONE:

FROM: Mehdi Sheikerz

RE: U.S. PATENT APPLICATION SERIAL NO. 09/863,254

ATTORNEY DOCKET: 1538.1014

NO. OF PAGES (Including this Cover Sheet) 29

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P.O. Box 1450, Alexandria, VA 22313-1450

on MAY 24, 2004

STAAS & HALSEY


By

Mehdi Sheikerz

Date

May 24, 2004

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1538.1014		
		Application Number	09/863,254		
		Filing Date	May 24, 2001		
		First Named Inventor	Hiroyasu SHINO, et al.		
		Group Art Unit	3625		
AMOUNT ENCLOSED	0.00	Examiner Name	Robert E. Rhode, Jr.		
FEE CALCULATION (fees effective 10/01/03)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	14	-16 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	3	-4 =	0	X \$ 86.00 =	\$ 0.00
Since an Official Action set an original due date of May 24, 2004, no petition is hereby made for an extension to cover the date this reply is filed.					
If Notice of Appeal is enclosed, add (\$330.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations = \$ 0.00					
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE = \$ 0.00					
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (6) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment.					
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input checked="" type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Mehdi Sheikerz	RECEIVED BY FACSIMILE			
Signature		Pgs. No. 41/307 I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22314-0450 on May 24, 2004 By: Mehdi Sheikerz Date: May 24, 2004			